

APSAALOOKE NATION

ENROLLMENT APPLICATION

CHECK LIST

(must be completed by applicant's parent/legal guardian)

CHECK LIST MUST BE SUBMITTED ALONG WITH THE APPLICATION

CHECK LIST:

- () CERTIFIED COPY OF APPLICANT'S BIRTH CERTIFICATE.
- () CERTIFIED COPY OF MARRIAGE LICENSE OR PATERNITY (if paternity is sign after child is 6mths of age D.N.A. is required.)
- () APPLICANT'S FAMILY TREE OF BIOLOGICAL PARENTS SHOULD BE COMPLETED.
- () INFORMATION DATES/SIGNATURES OF ENROLLED PARENT/LEGAL GUARDIAN REQUIRED.
- () A LETTR FROM NON ENROLLED MEMBER'S TRIBE STATING CHILD IS NOT ENROLLED NOR HAS A PENDING APPLICATION.
- () PERTINENT DOCUMENTS REQUIRED.
- () CERTIFIED COPY/RESOLUTION OF RELINQUISHMENT FROM SAID TRIBE.

ARTICLE III - MEMBERSHIP

SECTION 2. DUAL MEMBERSHIP PROHIBITED. NO PERSON WHO IS OR BECOMES A MEMBER OF ANOTHER TRIBE, BAND OR GROUP OF INDIANS SHALL BE ELIGIBLE FOR ENROLLMENT IN THE CROW TRIBE OF INDIANS UNLESS HE/SHE SHALL FIRST RELINQUISH IN WRITING ALL RIGHTS TO MEMBERSHIP IN SUCH OTHER TRIBE, BAND OR GROUP OF INDIANS.

ACKNOWLEDGEMENT

I CERTIFY THAT ALL REQUIRED INFORMATION IS ENCLOSED AND COMPLETE. I UINDERSTAND THAT ALL INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

DATE: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

PHONE: _____

MESSAGE: _____

OFFICE USE ONLY

I CERTIFY THAT THE CHECKLIST AND APPLICATION IS () COMPLETE () INCOMPLETE.

ENROLLMENT CLERK: _____ DATE: _____

COMMENTS _____

APPLICATION FOR CROW TRIBAL ENROLLMENT

Pursuant to Apsaalooke Nation Constitution this application, with required information and evidence, must be submitted to the Crow Tribal Enrollment committee by the applicant's parent(s) who are enrolled members of the Crow Tribe.

NOTE: A CERTIFIED COPY OF CHILD'S BIRTH CERTIFICATE MUST ACCOMPANY APPLICATION WHEN SUBMITTED.

(A Certificate of Indian Blood is required in the event a parent of the applicant is an enrolled member of another tribe, band, or group of Indians, unless applicant was born prior to July 10, 1976)

NAME OF APPLICANT: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(CITY/STATE/ZIP)

SEX: MALE OR FEMALE SOCIAL SECURITY NUMBER: _____

IS THE APPLICANT ENROLLED OR HAVE A PENDING APPLICATION WITH ANOTHER TRIBE? YES OR NO
IF YES, WHAT TRIBE AND AGENCY: _____

PLEASE PROVIDE LETTER FROM SAID TRIBE STATING CHILD IS NOT ENROLLED.

NATURAL PARENTS:

FATHER'S NAME: _____

ID# _____

TRIBE: _____ (PLEASE PROVIDE CIB IF NOT AN ENROLLED CROW TRIBAL MEMBER.)

MOTHER'S NAME: _____

ID# _____

TRIBE: _____ (PLEASE PROVIDE CIB IF NOT AN ENROLLED CROW TRIBAL MEMBER.)

MAILING ADDRESS: _____

STREET OR BOX

CITY/STATE/ZIP

I HEREBY CERTIFY THAT THE ABOVE AND ATTACHED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

HOME PHONE

CELL PHONE

MESSAGE PHONE

EMAIL ADDRESS (optional)

ACTION TAKEN: ()INCOMPLETE ()TABLED ()APPROVED ()DISAPPROVED

DIRECTOR OF ENROLLMENT/PERCAPITA

ENROLLMENT/PERCAPITA STAFF

BIA REPRESENTATIVE

ENROLLMENT COMMITTEE

ENROLLMENT COMMITTEE

ENROLLMENT COMMITTEE

OFFICE USE ONLY

DATE OF ENROLLMENT: _____ ISSUED CENSUS NUMBER : _____

DEGREE OF QUANTUM: _____ FAMILY NUMBER: _____

ENROLLMENT ISSUED BY: _____

KNOWLEDGE OF PATERNITY

STATE OF _____)

COUNTY OF _____)

I, _____, HEREBY ACKNOWLEDGE THAT I AM THE FATHER OF

_____, BORN TO: _____
(CHILDS NAME) (MOTHERS NAME)

AT _____, on _____
(CITY, STATE, OR COUNTY) (DATE OF BIRTH)

I REQUEST THAT THIS INFORMATION BE ADDED TO THE BIRTH CERTIFICATE FOR THE ABOVE NAMED CHILD.

Signed: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

(SEAL)

NOTARY PUBLIC

STATE OF _____)

COUNTY OF _____)

I, _____ HEREBY ACKNOWLEDGE THAT I AM THE MOTHER OF
(MOTHERS FIRST AND MAIDEN LAST NAME)

_____, BORN ON: _____
(CHILDS NAME) (CHILDS DATE OF BIRTH)

AT _____ FURTHER STATES: _____
(CITY, STATE, OR COUNTY) (ALLEGED FATHER)

IS THE FATHER OF THIS CHILD AND REQUEST THAT THIS INFORMATION BE ADDED TO THE BIRTH
CERTIFICATE FOR THE ABOVE NAMED CHILD.

Signed: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____

(SEAL)

NOTARY PUBLIC

GREAT GRANDFATHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

GRANDFATHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

GREAT GRANDMOTHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

FATHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

GREAT GRANDFATHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

GRANDMOTHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

GREAT GRANDMOTHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

APPLICANT

GREAT GRANDFATHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

GRANDFATHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

GREAT GRANDMOTHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

MOTHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

GREAT GRANDFATHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

GRANDMOTHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

GREAT GRANDMOTHER
TRIBE:
IF NOT ENROLLED CROW NEED CIB FROM SAID TRIBE

I CERTIFY THAT THE BLOOD DEGREE'S SHOWN ARE ACCORDANCE WITH THE 1953 BASE ROLLS

ENROLLMENT RESEARCHER/CLERK

DATE

APSAALOOKE NATION

Enrollment/Per-Capita Department

P.O. Box 159

Crow Agency, MT 59022

Phone: 406-638-3870

Fax: 406-638-7307

To whom it may concern:

The Enrollment Department of the Apsaalooke Nation has received an Enrollment application for a son/daughter of a citizen of your tribe. We respectfully request Enrollment verification by completing this form for the Applicant provided below. Once completed please mail or fax this form to the contact information listed above.

Applicant	Name _____	D.O.B. _____
Applicants Father	Name _____	D.O.B. _____
	Tribe _____	Blood Quantum _____ Roll no. _____
Applicants Mother	Name _____	D.O.B. _____
	Tribe _____	Blood Quantum _____ Roll no. _____

PLEASE COMPLETE THE FOLLOWING SECTION REGARDING

1. Is the applicant enrolled as a member of your Tribe? ☐ Yes ☐ No Census Number _____ Blood Quantum _____
2. Does the applicant have an Application pending? ☐ Yes ☐ No If so, is child eligible. Circle yes or no
3. Is the applicant's father enrolled member of your Tribe? ☐ Yes ☐ No Census Number _____ Blood Quantum _____
4. Is the applicant's Mother enrolled Member of your Tribe? ☐ Yes ☐ No Census Number _____ Blood Quantum _____

Signature

Print name

Title

Phone Number

Thank you for your assistance with this request.

Crow Tribal Enrollment Clerk

Signature